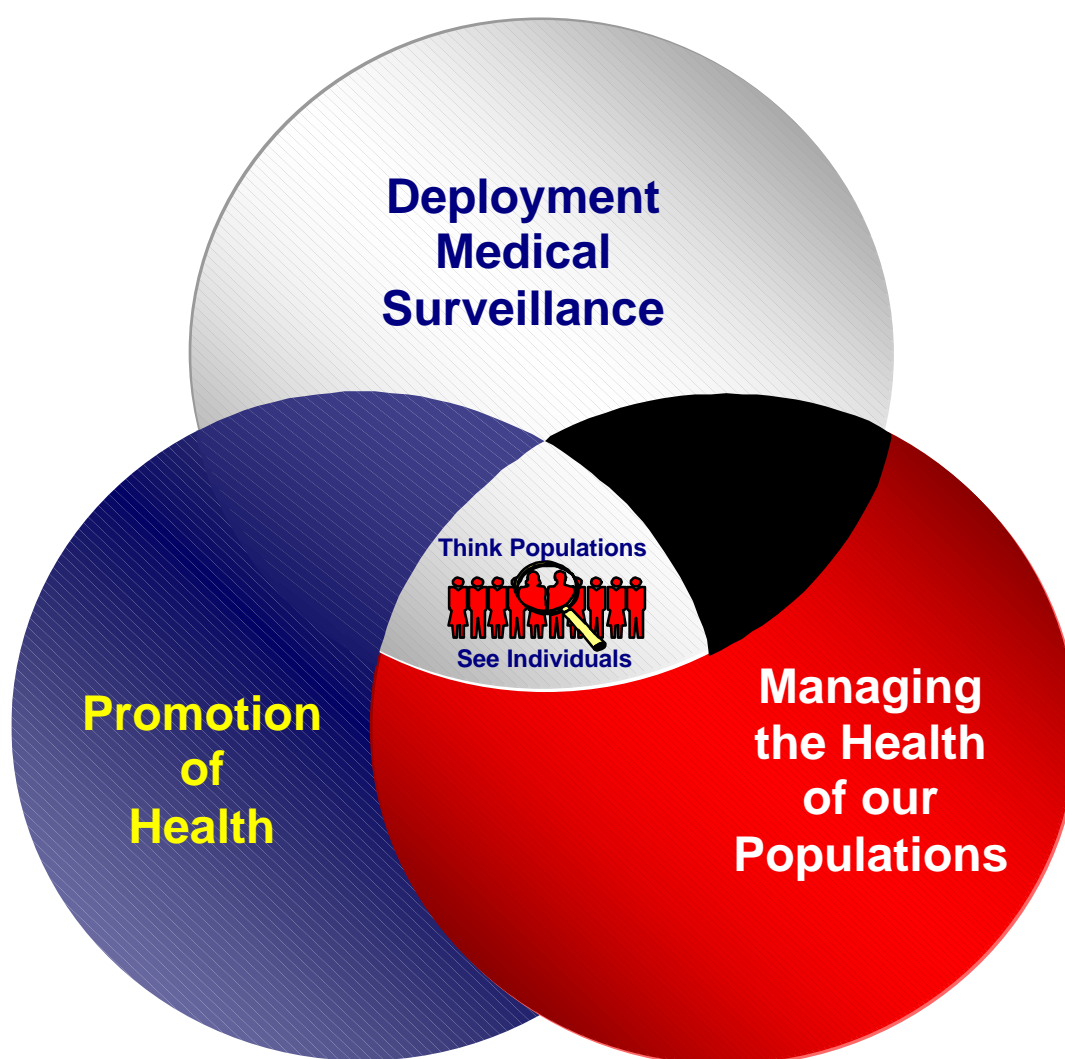


NAVY ENVIRONMENTAL HEALTH CENTER



*Ensuring Navy and Marine Corps readiness
through leadership in prevention of
disease and promotion of health*

Strategic Plan
FY 1999-2001

DEPLOYMENT MEDICAL SURVEILLANCE

Readiness to support wartime/contingency operations will require identifying the medical threat; developing medical organizations and systems to support potential combat scenarios; training medical units and personnel for their wartime roles; training non medical personnel in medical subjects; conducting medical research to discover new techniques and materiel to conserve fighting strength; and providing both preventive and restorative health care to the military force.

Force Health Protection (FHP) is a strategy that maintains readiness by promoting a system of comprehensive quality health services that ensures our people are fit and healthy; that they are protected from hazards during deployment; and that when illness or injury intervenes, they are afforded state of the art casualty care. FHP also means ensuring that our people are not using illicit substances.

Deployment Medical Surveillance (DMS) is a critical component of FHP. DMS begins at accessioning continues through the active duty assignments and into retirement or separation as part of the FHP Timeline, as illustrated on the cover.

DMS includes identifying populations at risk, establishing a health and exposure baseline, recognizing and assessing hazardous exposures, employing specific countermeasures, and monitoring health outcomes. It is our highest priority. As Navy Medicine's Program Manager for DMS, we commit to the following goals:

GOALS

DMS GOAL 1: Maximize readiness through disease and environmental surveillance and intervention. The successful accomplishment of this goal requires the following:

- Monitoring trends in environmental and occupational exposures, reportable injuries and diseases, and performing related risk analyses to determine appropriate risk-management strategies and the need for additional sampling and data collection.
- Providing worldwide consultative services in environmental and medical threat assessments, disease surveillance, tropical medicine, public health, preventive medicine, aerospace medicine, occupational and environmental medicine, industrial hygiene, medical entomology, risk analysis, risk communication and epidemiology, to support prevention and control measures.

Performance Indicator: DMS 1: % of deployed forces disease/non-battle injury (DNBI) free

DMS GOAL 2: Establish forward deployable capability for health surveillance and force health protection. This capability will include:

- (1) operational threat assessment and risk communication, (2) surveillance, investigation, intervention and control of occupational and environmental illnesses, injuries, and diseases, (3) health hazard assessments, and (4) advanced diagnostic testing.
- Surveillance, detection and identification of chemical, biological, radiological or environmental (CBRE) agents and other stressors, and recommend appropriate countermeasures to these threats.
- Health assessments of potential exposure to chemical, biological, radiological or environmental (CBRE) agents and other stressors, and recommend appropriate countermeasures to identified threats.
- Rapid technical assistance in support of Consequence Management (CM) operations involving Weapons of Mass Destruction (WMD).

Performance Indicator: DMS 2: % of specific target capabilities deployable within 72 hours:

Target capabilities include:

- *Vector surveillance and intervention*
- *Chemical/environmental detection, identification and quantification*
- *Detection, identification and testing of pathogenic micro-organisms*
- *Biological warfare detection and identification*
- *Troop health surveillance and intervention*
- *Disease outbreak investigation*
- *Radiological detection, identification and intervention*
- *Deployment preventive medicine planning*

DMS GOAL 3: Establish and implement a Navy Training Plan for DMS.

Performance Indicator: DMS 3: % medical department personnel who have received required training identified in the NTP.

MANAGING THE HEALTH OF OUR POPULATIONS

Managing the health of our populations is the foundation of the Force Health Protection Life Cycle Model and a top priority for the Navy Medical Department. The increasing emphasis on managed care in the United States, specifically TRICARE for Department of Defense beneficiaries, along with the emergence of more robust automated clinical data systems, has created the opportunity to bring a population-based focus to health care delivery. A population focus does not supplant the traditional emphasis on episodic care for acute and chronic medical conditions, but instead provides an additional set of strategies and tools to improve the health of entire groups of patients. The rigorous application of informatics, biostatistics, and epidemiology skills, combined with a strong clinical perspective, fosters objective, data-driven contracting and resourcing decisions, reduces practice variation, improves disease management, and identifies best clinical practices.

The clinical epidemiology expertise of the public health professionals at the Navy Environmental Health Center assists ashore and afloat medical departments in making managerial and clinical decisions that have the greatest impact on health of the population served. As Navy Medicine's Program Manager for the Clinical Epidemiologists, we commit to the following population health goals:

GOALS

MH GOAL 1: Monitor and reduce injuries and illnesses in Navy and Marine Corps personnel through active prevention partnerships.

Performance Indicator: MH 1: % of shore-based personnel fit for full duty

MH GOAL 2: Provide consultation and technical assistance to practicing clinical epidemiologists and to facilities and organizations without clinical epidemiologists.

Performance Indicator: MH 2: % satisfaction among supported commands (*as indicated by surveying supported customers to determine level of satisfaction with services*).

MH GOAL 3: Promote currency of clinical preventive services among Navy and Marine Corps personnel.

Performance Indicator: MH 3: % of shore duty Active Duty service members current in the following Clinical Preventive Services:

- | | |
|--|-------------------------------------|
| 1. HEAR | 7. Mammography |
| 2. PPD | 8. Pap Smear |
| 3. Blood Pressure | 9. Fecal Occult Blood |
| 4. Lipid Panel | 10. Digital Rectal Exam |
| 5. Breast Exam | 11. Hearing conservation audiograms |
| 6. Immunizations (HepA, HepB, MMR, Td, YF, Typhoid, Anthrax) | |

PROMOTION OF HEALTH

Promotion of Health is an integral part of the Force Health Protection Life Cycle Model. The 1997 Joint Medical Surveillance Department of Defense (DoD) Directive identified the role of health promotion as participatory in the “anticipation, prediction, identification, prevention, and control of illnesses, injuries and diseases due to occupational and environmental threats, combat stress response, and other threats to the health and readiness of military personnel.” Approximately half of all deaths occurring in the U.S. may be attributed to behavioral risk factors. These are defined as poor diet, exercising less than 3 times/week, tobacco use, alcohol abuse, illicit substance use, failing to use safety equipment, and unsafe sexual practice. Health Promotion plays an integral role in Health Surveillance and Risk Communication impacting virtually all functions of Navy Environmental Health Center’s (NEHC) worldwide activities. As Navy Medicine’s Program Manager for Health Promotion, we commit to the following goals:

GOALS

PH GOAL 1: Reduce the number of behavioral risk factors of Navy and Marine Corps personnel.

Performance Indicator: PH 1: % of AD service members on shore duty who have 3 or more behavioral health risks. Multiple Risk Factors for Shore-Based and Deployed Forces include:

- Active Duty Wellness - Tobacco use: % currently smoking/chewing
- Active Duty Wellness – Exercise: % exercising less than 3 times per week
- Active Duty Wellness – Overweight: % exceeding Navy height-weight standards

PH GOAL 2: Establish and implement a Navy Training Plan (NTP) for Promotion of Health.

Performance Indicator: PH 2: % of personnel who have received required training.

PH GOAL 3: Increase the incorporation of Health Promotion practices in Navy and Marine Corps commands.

Performance Indicator: PH3: # of commands receiving HP excellence awards